

MDCH OPEN HEART DATA DISCUSSION MEETING
July 31, 2007

NOTE: THIS MEETING IS OPEN TO EVERYONE WHO WOULD LIKE TO PARTICIPATE IN THE DISCUSSION AND DOES NOT REQUIRE "MEMBERSHIP"

ISSUE: The weights presented to the Open Heart SAC for their scheduled decision-making at their final meeting were developed using inaccurate data, and could not serve as the basis for final recommendations to be made by the SAC to the CON Commission. Furthermore, there is concern that the new weights proposed to be adopted within the Open Heart Surgery CON standards will result in an increase in the number of open heart programs in Michigan. There has been no demonstrated need for additional programs in the state, nor have any problems with access to services been identified within the existing statewide distribution of programs.

ANALYSIS: When the weights were first generated by the department on behalf of the Open Heart SAC, several organizations and facilities expressed concern that the new weights had a significant impact upon the total number of "countable" open heart cases. Additionally, the current methodology is insensitive to the double count that attends a cardiac patient who is admitted and referred from a non-cardiac surgical facility to an open heart program thus causing the methodology to over-predict need. BCBSM conducted preliminary tests of the new weights' impact, and identified as much as a 70% increase in the total of countable cases; subsequent testing by various other facilities supported the fact that there was a potential problem. During the course of the department's efforts to also test the new weights, an error was discovered in the way that the methodology had been implemented by the department. This error was discovered just a few days prior to the scheduled meeting of the Open Heart SAC meeting where they were planning to make decisions regarding their final recommendations. As a result of the error in running the methodology, the SAC could not make a specific recommendation regarding what actual weights should be proposed, but did make a decision that the weights must be revised based upon accurate data. The SAC requested that, prior to the scheduled September meeting of the CON Commission, the department work with the Michigan Hospital Association and Blue Cross Blue Shield to assure that open heart data offered by the department was reconciled with the MIDB data base. This action is necessary in order for the Commission to be able to have any logical discussions regarding the potential implications of modifying the weights. The SAC further asked the department to present the Commission with all possible options, along with a recommendation to the Commission. Any recommendation should be developed following 1 or 2 public meetings and based on the input of all organizations, facilities or individuals interested in participating.

Currently, there is some consensus that Michigan has no identified need for additional open heart programs and that access to existing open heart programs is not a problem for the state's population. Acceptance of this as a basic premise to the issue, the discussions that follow must take into consideration that any increase in case volume has the potential of:

- 1) Adding unnecessary high cost open heart programs in the state,
- 2) Increasing health care costs in Michigan,
- 3) A need to address whether data is duplicated and how to resolve,
- 4) Increasing competition for patients among existing, and new programs, and

5) Leading to a problem of existing programs having difficulty in maintaining their required volume due to new programs and a resulting need for enforcement/compliance activity.

CONCLUSION AND OPTIONS: Before any recommendation can be presented to the Commission, it is necessary to assure that the group pulled together by the department has carried out a careful and thorough review of accurate and consistent data to prevent any negative unintended consequences. As part of this review, it is necessary to examine the impact of the new weights and new list of procedures against current practices.

Based upon the final data presented by the department, several potential ideas for discussion and deliberation include:

- 1) Modify the proposed weights; i.e., modify the methodology
- 2) Modify volume numbers to directly correlate to any identified increase; i.e., increase all applicable volumes by the same factor. Therefore, if the increase is shown to be 70%, all volume related numbers would be increased by 70%; if the increase is shown to be 30%, all volume related numbers would be increased by 30%
- 3) Modify volume numbers **taking into consideration** the demonstrated increase, but **not** necessarily at a one-to-one correlation. If the increase is shown to be 70%, increase all applicable volume requirements by 50%.
- 4) Modify the volume requirements to provide for a higher number for initiation and a lower number for maintenance
- 5) Design a new methodology
- 6) Modify the methodology by use two different weights; one for a principal diagnosis and a different one for secondary diagnoses
- 7) Other